

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



planning.submissions@york.gov.uk

West Offices Station Rise York YO1 6GA

Publication of applications on planning authority websites
Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

Applicant Name and Address						
Title:	Mr	First name:	Graeme			
Last name:	Jackson					
Company (optional):	Evoque Developments Ltd					
Unit:	House number: House suffix:					
House name:	Tall Trees					
Address 1:	5 Manor Grange					
Address 2:	Tingley					
Address 3:						
Town:	Wakefield					
County:						
Country:						
Postcode:	WF3 1FP	1		,		

2. Agent Name and Address					
Title:	First name:				
Last name:	As applicant				
Company (optional):					
Unit:	House number: House suffix:				
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

Version 2018

3. Site Address Details Please provide the full postal address of the application site.				ntion Advice prior advice been sought from the local	
Please provide the full postal address of the application site. Unit: House House auffilia		authority about this application? Yes No			
House	number: 2 suffix: Middleton House		If Yes, please complete the following information about the advice		
name: Address 1: 2 Redmayne Square		you were given. (This will help the authority to deal with this application more efficiently).			
Address 2: Strensall				ull contact details are not complete as much as possible:	
Address 3:	ress 3:		er name:		
Town:	York		Reference:		
County:			Reference.		
Postcode (optional):	Yo32 5YN		Date (DD/MM/YYYY):		
Description of location or a grid reference. (must be completed if postcode is not known):		(must be pre-application submission) Details of pre-application advice received?			
Easting:	Northing:				
Description	:				
(F. Dogori	ntion Of Vour Proposal				
Please prov	ption Of Your Proposal vide a description of the approved development as show	n on the	decision lett	ter, including the application reference number	
	decision in the sections below: of detached two storey dwelling, alterations to gara	ne and :	alterations	to access (renewal of planning	
	20/00595/FUL)	ge and a	alterations	to access (renewal or planning	
Reference number: 22/00446/FU Date of decision: 18/			2022	(Date must be pre-application submission) (DD/MM/YYYY)	
Please stat	e the condition number(s) to which this application relate	S:	I		
1. Co	1. Condition 4 - Boundary Treatments				
2. Co	2. Condition 10 - Drainage				
3.					
4.		9.			
5.		10.			
Has the dev	velopment already started?	_	Yes	X No	
If Yes, plea	se state when the development started (DD/MM/YYYY):			(date must be pre-application submission)	
Has the development been completed? Yes X No					
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:					
Condition 4 - Boundary treatment plan Condition 10 - Drainage Strategy and drainage calculations.					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? Yes x No					
If Yes, please indicate which part of the condition your application relates to:					

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv the Local Planning Authority (LPA) has been submitted.				
The original and 3 copies* of a completed and dated application form:	original and 3 copies* of other plans and drawings nformation necessary to describe the subject of the application:			
The correct fee:				
*National legislation specifies that the applicant must provide the oritotal of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by p You can check your LPA's website for information or contact their pla	or, the LPA indicate that a smaller number of copies is required. ost (for example, on a CD, DVD or USB memory stick).			
9. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any to genuine opinions of the person(s) giving them. Signed - Applicant:	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:			
Graeme Jackson	Of Signed - Agent.			
Date (DD/MM/YYYY):				
14/03/2024 (date cannot be pre-application)				
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Country code: National number: Extension number:	Country code: National number: Extension number:			
Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: Mobile number (optional): Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or	r other public land? X Yes No			
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent X Applicant Other (if different from the agent/applicant's details)			
If Other has been selected, please provide:	agentrappheant's details)			
Contact name:	Telephone number:			

Email address: